

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/830380		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1						51				
2	1						52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7	1						57				
8		1					58				
9		1					59				
10		1					60				
11	1						61				
12		1					62				
13		1					63				
14							64				
15							65				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	9						TOTAL DEP.				
TOTAL CLAIMS	13						TOTAL CLAIMS				